

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Docket No.

2002B092/2

Applicant(s): Wagner, et al.

Serial No.  
10/612,747Filing Date  
July 2, 2003Examiner  
Not Yet AssignedGroup Art Unit  
Not Yet Assigned

Invention:

Oxygen Tailoring of Polyethylene Film Resins

See Below

(Identify type of correspondence)

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Fee Transmittal (1 page)  
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Declaration (4 pages)



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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/612,747	
	Filing Date	July 2, 2003	
	First Named Inventor	Wagner, et al.	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	7	Attorney Docket Number	2002B092/2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Declaration and Certificate of Facsimile</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew B. Griffin Registration No. 36,336
Signature	
Date	October 8, 2003

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